CITY OF SAN ANTONIO Take Home Vehicle Authorization Request

			Contact		
Date:	Department	<u>::</u>	Person:		Phone:
Authorized Dr	river.				
10011011202	1701.				
Authorized Dr	iver's Title:				
Vehicle Unit #:		Daily roundt	Daily roundtrip miles to home address:		
	<u> </u>				
			e Acknowledgement form		
	t been given a cop	y of the Employee ac	cknowledgement form for	AD 1.8 Vehicle	e Use.
NOTE: Keep a copy o	of signed Acknowledc	nement form for your file	es, send original with this rec	quest hv hin mail	l to Fleet Acquisitions
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Employee's S					
State justifica	tion for take home	privileges below: (Qu	nantify your justification)		
	Current Total Tak				
	Current Total Take		Date:		
			Date:		
			Date:		
			Date:		
Department D	Director's Signature	: :		ofter normal wo	orking hours to an
Department D	Director's Signature	e: (How many times was	Date:	after normal wo	orking hours to an
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Please return form to Fleet Services 329 S. Frio St.

Attn: Acquisition

Fleet Director's Signature:

Email: fleet_acquisitions@sanantonio.gov

Date: